

10/506950

Rec'd PCT 08 SEP 2004

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP 03./ 02518

International Application No.

06. 03. 2003

International Filing Date

06 MAR 2003

EUROPEAN PATENT OFFICE

PCT INTERNATIONAL APPLICATION

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) MI6008

## Box No. I TITLE OF INVENTION

Polyolefin masterbatch for preparing impact-resistant polyolefin articles

## Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Basell Poliolefine Italia S.p.A.  
Via Pergolesi 25  
20124 Milano, Italy

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

IT

State (that is, country) of residence:

IT

This person is applicant  
for the purposes of:☐ all designated  
States☒ all designated States except  
the United States of America☐ the United States  
of America only☐ the States indicated in  
the Supplemental Box

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PELLICONI, Anteo  
Via Volta 22  
45030 S.M. Maddalena  
Italy

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box  
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

IT

State (that is, country) of residence:

IT

This person is applicant  
for the purposes of:☐ all designated  
States☐ all designated States except  
the United States of America☒ the United States  
of America only☐ the States indicated in  
the Supplemental Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent☐ common  
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

GAVERINI, Gaetano  
Basell Poliolefine Italia S.p.A.  
Intellectual Property  
Via Pergolesi 25  
20124 Milano, Italy

Telephone No.

+39 02 6712 4088

Facsimile No.

+39 02 6712 7373

Teleprinter No.

Agent's registration No. with the Office

89390

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GARAGNANI, Enea Viale Mons. Natale Mosconi 76 44100 Ferrara Italy		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: IT	State (that is, country) of residence: IT	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) YOKOYAMA, Yutaka EstateHachikura 103, 20-13 Daimachi, Kawasaki-ku, Kawasaki-City, 210-0814 Japan		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: JP	State (that is, country) of residence: JP	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) WASHIYAMA, Junichiro 2-27-1, Akanedai, Aoba-ku, Yokohama 227-0066 Japan		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: JP	State (that is, country) of residence: JP	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) TAKENOUCHI, Hiroshi 3-2-16, Tsujido Fujisawa-shi, Kanagawa 251-0047 Japan		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: JP	State (that is, country) of residence: JP	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.		

<b>Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b> <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  NAKAJIMA, Takeshi 2-42-1, Gohongi, Meguro-ku Tokyo 153-0053 Japan		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office	
State (that is, country) of nationality: JP		State (that is, country) of residence: JP	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>  Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

## Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT <sup>411.20</sup>
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates               | <input type="checkbox"/> GM Gambia                                    | <input type="checkbox"/> NZ New Zealand                         |
| <input type="checkbox"/> AG Antigua and Barbuda                | <input type="checkbox"/> HR Croatia                                   | <input type="checkbox"/> OM Oman                                |
| <input type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> HU Hungary                        | <input checked="" type="checkbox"/> PH Philippines              |
| <input type="checkbox"/> AM Armenia                            | <input checked="" type="checkbox"/> ID Indonesia                      | <input checked="" type="checkbox"/> PL Poland                   |
| <input type="checkbox"/> AT Austria                            | <input checked="" type="checkbox"/> IL Israel                         | <input type="checkbox"/> PT Portugal                            |
| <input checked="" type="checkbox"/> AU Australia               | <input checked="" type="checkbox"/> IN India                          | <input checked="" type="checkbox"/> RO Romania                  |
| <input type="checkbox"/> AZ Azerbaijan                         | <input type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RU Russian Federation       |
| <input type="checkbox"/> BA Bosnia and Herzegovina             | <input checked="" type="checkbox"/> JP Japan                          | <input type="checkbox"/> SC Seychelles                          |
| <input type="checkbox"/> BB Barbados                           | <input type="checkbox"/> KE Kenya                                     | <input type="checkbox"/> SD Sudan                               |
| <input type="checkbox"/> BG Bulgaria                           | <input type="checkbox"/> KG Kyrgyzstan                                | <input type="checkbox"/> SE Sweden                              |
| <input checked="" type="checkbox"/> BR Brazil                  | <input type="checkbox"/> KP Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> SG Singapore                |
| <input type="checkbox"/> BY Belarus                            | <input checked="" type="checkbox"/> KR Republic of Korea              | <input checked="" type="checkbox"/> SK Slovakia                 |
| <input type="checkbox"/> BZ Belize                             | <input type="checkbox"/> KZ Kazakhstan                                | <input type="checkbox"/> SL Sierra Leone                        |
| <input checked="" type="checkbox"/> CA Canada                  | <input type="checkbox"/> LC Saint Lucia                               | <input type="checkbox"/> TJ Tajikistan                          |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka                                 | <input type="checkbox"/> TM Turkmenistan                        |
| <input checked="" type="checkbox"/> CN China                   | <input type="checkbox"/> LR Liberia                                   | <input type="checkbox"/> TN Tunisia                             |
| <input checked="" type="checkbox"/> CO Colombia                | <input type="checkbox"/> LS Lesotho                                   | <input type="checkbox"/> TR Turkey                              |
| <input type="checkbox"/> CR Costa Rica                         | <input type="checkbox"/> LT Lithuania                                 | <input type="checkbox"/> TT Trinidad and Tobago                 |
| <input type="checkbox"/> CU Cuba                               | <input type="checkbox"/> LU Luxembourg                                | <input type="checkbox"/> TZ United Republic of Tanzania         |
| <input checked="" type="checkbox"/> CZ Czech Republic          | <input type="checkbox"/> LV Latvia                                    | <input checked="" type="checkbox"/> UA Ukraine                  |
| <input type="checkbox"/> DE Germany                            | <input type="checkbox"/> MA Morocco                                   | <input type="checkbox"/> UG Uganda                              |
| <input type="checkbox"/> DK Denmark                            | <input type="checkbox"/> MD Republic of Moldova                       | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> DM Dominica                           | <input type="checkbox"/> MG Madagascar                                | <input type="checkbox"/> UZ Uzbekistan                          |
| <input type="checkbox"/> DZ Algeria                            | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> VC Saint Vincent and the Grenadines    |
| <input type="checkbox"/> EC Ecuador                            | <input type="checkbox"/> MN Mongolia                                  | <input type="checkbox"/> VN Viet Nam                            |
| <input type="checkbox"/> EE Estonia                            | <input type="checkbox"/> MW Malawi                                    | <input checked="" type="checkbox"/> YU Yugoslavia               |
| <input type="checkbox"/> ES Spain                              | <input checked="" type="checkbox"/> MX Mexico                         | <input checked="" type="checkbox"/> ZA South Africa             |
| <input type="checkbox"/> FI Finland                            | <input type="checkbox"/> MZ Mozambique                                | <input type="checkbox"/> ZM Zambia                              |
| <input type="checkbox"/> GB United Kingdom                     | <input checked="" type="checkbox"/> NO Norway                         | <input type="checkbox"/> ZW Zimbabwe                            |
| <input type="checkbox"/> GD Grenada                            |   |   |
| <input type="checkbox"/> GE Georgia                            |   |   |
| <input type="checkbox"/> GH Ghana                              |   |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> ..... | <input type="checkbox"/> ..... | <input type="checkbox"/> ..... |
| <input type="checkbox"/> ..... | <input type="checkbox"/> ..... | <input type="checkbox"/> ..... |

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

## Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below:
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

## Continuation of Box N°IV

The persons identified below are hereby/have been appointed to act on behalf of the applicant(s) before the competent International Authorities as AGENT:

FISAULI, Beatrice

Basell Poliolefine Italia S.p.A.  
Intellectual Property  
Via Pergolesi 25  
I-20124 Milano  
tel. +39 02 6712 4551  
fax +39 02 6712 7373

COLUCCI, Giuseppe  
GIBERTI, Stefano  
REVERZANI, Cristina

Basell Poliolefine Italia S.p.A.  
Intellectual Property  
P.le G. Donegani 12  
I-44100 Ferrara  
tel. +39 0532 46 7652  
tel. +39 0532 46 8135  
tel. +39 0532 46 7300  
fax +39 0532 46 7675

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 12 March 2002 (12/03/02)	02075992.4		EP	
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items   
 ☒ item (1)   
 ☐ item (2)   
 ☐ item (3)   
 ☐ item (4)   
 ☐ item (5)   
 ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . . .

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor	:	
<input checked="" type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:	1
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:	
<input checked="" type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:	1
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:	

**Box No. VIII (ii) DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT**

*The declaration must conform to the standardized wording provided for in Section 212; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (ii). If this Box is not used, this sheet should not be included in the request.*

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent (Rules 4.17(ii) and 51 bis.1(a)(ii)), in a case where the declaration under Rule 4.17(iv) is not appropriate:

In relation to this international application, Basell Poliolefine Italia S.p.A. is entitled to apply for and be granted a patent by virtue of the following:

Basell Poliolefine Italia S.p.A. is entitled as employer of the inventors:  
Pelliconi Anteo, Garagnani Enea, Yokoyama Yutaka, Washiyama Junichiro, Takenouchi Hiroshi and Nakajima Takeshi.

This declaration is made for the purposes of all designation.

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (ii)".

**Box No. VIII (iv) DECLARATION: INVENTORSHIP** (only for the purposes of the designation of the United States of America)  
*The declaration must conform to the following standardized wording provided for in Section 214: see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.*

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))  
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: 02075992.4 - 12 March 2002 .....

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: PELLICONI, Anteo .....

Residence: S.M.Maddalena, IT .....

(city and either US state, if applicable, or country)

Mailing Address: Via Volta 22, 45030 S.M.Maddalena, IT .....

Citizenship: Italian .....

Inventor's Signature: .....  
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....  
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: GARAGNANI, Enea .....

Residence: Ferrara, IT .....

(city and either US state, if applicable, or country)

Mailing Address: Viale Mons. Natale Mosconi 76, 44100 Ferrara, IT .....

Citizenship: Italian .....

Inventor's Signature: .....  
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....  
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".



**Continuation of Box No. VIII (i) to (v) DECLARATION**

*If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.*

**Continuation of Box n°VIII (iv)**

Name: YOKOYAMA, Yutaka

Residence: Kawasaki-City, JP

Mailing address: EstateHachikura 103, 20-13 Daimachi, Kawasaki-ku,

Kawasaki-City, 210-0814 JP

Citizenship: Japanese

Name: WASHIYAMA, Junichiro

Residence: Yokohama, JP

Mailing address: 2-27-1, Akanedai, Aoba-ku, Yokohama 227-0066, JP

Citizenship: Japanese

Name: TAKENOUCHI, Hiroshi

Residence: Kanagawa, JP

Mailing address: 3-2-16, Tsujido Fujisawa-shi, Kanagawa 251-0047, JP

Citizenship: Japanese

Name: NAKAJIMA, Takeshi

Residence: Tokyo, JP

Mailing address: 2-42-1, Gohongi, Meguro.ku, Tokyo 153-0053, JP

Citizenship: Japanese

**Box No. VIII (ii): DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT**

*The declaration must conform to the standardized wording provided for in Section 212; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (ii). If this Box is not used, this sheet should not be included in the request.*

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent (Rules 4.17(ii) and 51bis.1(a)(ii)), in a case where the declaration under Rule 4.17(iv) is not appropriate:

In relation to this international application, Basell Poliolefine Italia S.p.A. is entitled to apply for and be granted a patent by virtue of the following:

Basell Poliolefine Italia S.p.A. is entitled as employer of the inventors:  
Pelliconi Anteo, Garagnani Enea, Yokoyama Yutaka, Washiyama Junichiro, Takenouchi Hiroshi and Nakajima Takeshi.

This declaration is made for the purposes of all designation.

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (ii)".